

SOUTH DAKOTA BOARD OF PHARMACY

OWNER OR CORPORATE OFFICER CERTIFICATION

FOR WHOLESALE AND OTHER DISTRIBUTORS LICENSE RENEWAL

This document should be signed by the owner if sole proprietorship, by partner if partnership, and corporate officer if a corporation. The person signing this document needs to appear in the listing of owner/operators of the facility that has been provided.

I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the board. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Typed Name of Owner, Partner, or Corporate Officer

Typed Title of Owner, Partner, or Corporate Officer

Signature of Owner, Partner, or Corporate Officer

Date